



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

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OFFICIAL NOTICE

DMS-2006-W-2

TO: All Health Care Providers

DATE: May 10, 2006

SUBJECT: Non-Medicaid Eligible Rita Hurricane Evacuees in Arkansas

I. General Information

The Arkansas Department of Health and Human Services (DHHS), Division of Medical Services (DMS) has received approval from the Centers for Medicare and Medicaid Services (CMS) to receive funds from the uncompensated care pool for services provided to Hurricane Rita evacuees. The following is Arkansas' plan to reimburse providers for services they have provided to non-Medicaid eligible evacuees in the state as a result of Hurricane Rita.

Patient records and claims information are subject to audit by the Office of the Inspector General (OIG).

II. Covered Services

For claims with dates of service on or after August 23, 2005 and ending January 31, 2006, the services to be covered in this plan will be all medically necessary services that are included in the state plan or in state waivers approved by the Centers for Medicare and Medicaid Services (CMS) that are not covered by a third party. **Services that are not allowed by the Arkansas State Plan or approved waiver are not covered.**

Quantity limits that are included in the Medicaid state plan or waiver services **do not** apply to services under this uncompensated care plan. PCP (Primary care physicians) referral requirements **do not** apply. Prior authorization requirements **do not** apply to pharmacy claims for prescription drugs.

III. Eligible Population

The population eligible for assistance within this amendment to the plan consists of Hurricane Rita evacuees who relocated to Arkansas as a result of the hurricane and who were not eligible for Medicaid.

Individuals for whom reimbursement application is made must have no health insurance that covers the service billed including Medicare and Medicaid. Reimbursement will not be made for services covered by a third party, e.g. Red Cross, the Federal Emergency management Agency (FEMA), the National Children's Defense Fund or other charitable organizations.

The provider of the service must complete an eligibility attestation form. The original attestation form must be filed in the patient's record and a copy must be attached to the claim. See Attachment A.

IV. Providers

Providers reimbursed by this plan must be enrolled Arkansas Medicaid providers. An expedited enrollment process will be utilized to enroll those service providers who are not Arkansas Medicaid providers. Enrollment application forms may be accessed on-line at www.medicaid.state.ar.us.

For expedited processing, completed Medicaid enrollment application forms must be mailed to:

Kellie Phillips, Administrator
Medical Assistance Unit
Division of Medical Services
P.O. Box 1437, Slot S410
Little Rock, Arkansas 72203

V. Reimbursement

Providers, except pharmacy and long term care, will utilize the standard claim form(s) currently used for billing the Arkansas Medicaid Program to submit paper claims. Paper claim forms for Pharmacy and long term care providers have been designed and can be accessed on-line at <http://www.medicaid.state.ar.us/InternetSolution/Provider/newprov.aspx>. Copies of the pharmacy and long term care billing forms are attached.

Each claim must be completely filled out except for the recipient identification (ID) number. The recipients assisted by this plan are not Medicaid eligible and do not have Medicaid ID numbers. A copy of the signed attestation form must be attached to the claim.

Reimbursement will be at the Medicaid reimbursement rates. Claims for uncompensated care must be received by June 16, 2006. **Providers are encouraged to submit claims as quickly as possible because funds for this program are limited nationally.**

Claims must be mailed to:

Uncompensated Care Plan
Division of Medical Services
P.O. Box 8029
Little Rock, Arkansas 72203-8029

Thank you for your participation in the Arkansas Medicaid Program.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

www.medicaid.state.ar.us. This notice is available at:

<http://www.medicaid.state.ar.us/InternetSolution/Provider/newprov.aspx>.

Roy Jeffus, Director